

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Wyoming Republican Party, Inc.

ADDRESS (number and street)

152 N. Durbin St., Suite #210

☐Check if different  
than previously  
reported. (ACC)

Casper

WY

82601

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005785

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Doug Chamberlain

Signature of Treasurer

Electronically Filed by Mr. Doug Chamberlain

Date

07

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 29

Write or Type Committee Name  
Wyoming Republican Party, Inc.

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		55139.40
(b) Cash on Hand at Beginning of Reporting Period .....	144786.92	
(c) Total Receipts (from Line 19) .....	8377.34	237044.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	153164.26	292183.93
7. Total Disbursements (from Line 31) .....	35645.93	174665.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	117518.33	117518.33
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 29

Write or Type Committee Name

Wyoming Republican Party, Inc.

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4165.00	89977.98
(ii) Unitemized .....	4207.00	70555.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8372.00	160533.19
(b) Political Party Committees .....	0.00	1050.00
(c) Other Political Committees (such as PACs) .....	0.00	6942.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8372.00	168525.19
12. Transfers From Affiliated/Other Party Committees .....	0.00	10615.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.34	5.34
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	57899.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	57899.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8377.34	237044.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8377.34	179145.53

## DETAILED SUMMARY PAGE

of Disbursements

4 / 29

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	4595.37	
(ii) Non-Federal Share.....	0.00	26040.17	
(b) Other Federal Operating Expenditures.....	34645.93	143030.06	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	34645.93	173665.60	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	1000.00	1000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35645.93	174665.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35645.93	148625.43	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8372.00	168525.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8372.00	168525.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34645.93	147625.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	34645.93	147625.43

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Tamra Berry

Mailing Address PO Box M

City

Douglas

State

WY

Zip Code

82633-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: 00619.C48536

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Roger Bower

Mailing Address PO Box 185

City

Riverton

State

WY

Zip Code

82501-0038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of WY

Occupation  
Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: 00619.C48564

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

James Carpenter

Mailing Address PO Box 104

City

Laramie

State

WY

Zip Code

82073-0104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laramie Plains Civic Center

Occupation  
Custodian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 00619.C48508

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Miles Dahlby

Mailing Address 2461 Allyson Pl

City

Casper

State

WY

Zip Code

82604-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: 00619.C48488

Amount of Each Receipt this Period

40.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Dellenback

Mailing Address PO Box 8610

City

Jackson

State

WY

Zip Code

83002-8610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 00619.C48521

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Barbara Diltz

Mailing Address 1694 Morningstar Rd

City

Cheyenne

State

WY

Zip Code

82009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Senator John Barrasso

Occupation  
Field Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: 00619.C48555

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Jacque Harrod

Mailing Address 147 Canvasback Rd

City

Sheridan

State

WY

Zip Code

82801-9040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: 00619.C48493

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dennis Irwin

Mailing Address PO Box 685

City

Douglas

State

WY

Zip Code

82633-0685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 00719.C48582

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Joseph Izzo

Mailing Address PO Box 253

City

Wilson

State

WY

Zip Code

83014-0253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: 00619.C48567

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Delia Lamb

Mailing Address PO Box 558

City

Dubois

State

WY

Zip Code

82513-0558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: 00619.C48572

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lantta

Mailing Address 740 W 55th St

City

Casper

State

WY

Zip Code

82601-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grey Wolf Drilling Co.,  
L.P.

Occupation  
EHS Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 00719.C48588

Amount of Each Receipt this Period

25.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Patricia Litton

Mailing Address 5925 State Highway 59 S

City

Gillette

State

WY

Zip Code

82718-6908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LY Ranch

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: 00619.C48486

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Patricia Litton

Mailing Address 5925 State Highway 59 S

City

Gillette

State

WY

Zip Code

82718-6908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LY Ranch

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 0

Transaction ID: 00619.C48515

Amount of Each Receipt this Period

150.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Doran Lummis

Mailing Address 1825 Campstool Rd

City

Cheyenne

State

WY

Zip Code

82007-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00719.C48607

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lolly Martin

Mailing Address PO Box 637

City

Newcastle

State

WY

Zip Code

82701-0637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bradley Oil

Occupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 00719.C48594

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Margaret Mickelson

Mailing Address PO Box 190

City

Big Piney

State

WY

Zip Code

83113-0190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mickelson Ranch

Occupation  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00719.C48608

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Frank Peasley

Mailing Address PO Box 703

City

Douglas

State

WY

Zip Code

82633-0703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: 00619.C48557

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Rachel Pelissier

Mailing Address PO Box 122

City

Big Horn

State

WY

Zip Code

82833-0122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: 00619.C48540

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Donna Robitaille

Mailing Address 2049 Rustic Dr

City

Casper

State

WY

Zip Code

82609-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: 00619.C48570

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Don Thorson

Mailing Address PO Box 338

City

Newcastle

State

WY

Zip Code

82701-0338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Businessman

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: 00719.C48598

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Whalen

Mailing Address 2223 W 42nd St

City

Casper

State

WY

Zip Code

82604-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 1 0

Transaction ID: 00619.C48480

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Linda Wheeler

Mailing Address 5940 S Chestnut St

City

Casper

State

WY

Zip Code

82601-6235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wyoming Machinery Co.

Occupation

Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: 00619.C48549

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John Wold

Mailing Address 139 W 2nd St  
Suite 200

City

Casper

State

WY

Zip Code

82601-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wold Oil Properties

Occupation

Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 1 0

Transaction ID: 00719.C48586

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

4165.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Pitney Bowes Copier

Mailing Address PO Box 85390

City  
LouisvilleState  
KYZip Code  
40285-5390Purpose of Disbursement  
Postage machine lease payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	0

Amount of Each Disbursement this Period

655.29

POSTAGE MACHINE LEASE PAY-  
MENT**B.**

Full Name (Last, First, Middle Initial)

Pitney Bowes Copier

Mailing Address PO Box 85390

City  
LouisvilleState  
KYZip Code  
40285-5390Purpose of Disbursement  
Postage machine lease payment

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8528

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Amount of Each Disbursement this Period

706.60

POSTAGE MACHINE LEASE PAY-  
MENT**C.**

Full Name (Last, First, Middle Initial)

Qwest

Mailing Address PO Box 173638

City  
DenverState  
COZip Code  
80217-3638Purpose of Disbursement  
Telephone for office

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8519

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	0

Amount of Each Disbursement this Period

512.96

TELEPHONE FOR OFFICE

SUBTOTAL of Disbursements This Page (optional) .....

1874.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

AMBI Mail & Shipping

Mailing Address PO Box 2951

City  
Casper

State  
WY

Zip Code  
82602-2951

Purpose of Disbursement  
Postage & shipping charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8523

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

38.86

POSTAGE & SHIPPING CHARGES

**B.**

Full Name (Last, First, Middle Initial)

AMBI Mail & Shipping

Mailing Address PO Box 2951

City  
Casper

State  
WY

Zip Code  
82602-2951

Purpose of Disbursement  
Printing & reproduction for convent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8524

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

2776.20

PRINTING & REPRODUCTION  
FOR CONVENT

**C.**

Full Name (Last, First, Middle Initial)

IKON Office Solutions

Mailing Address PO Box 100771

City  
Pasadena

State  
CA

Zip Code  
91189-0001

Purpose of Disbursement  
Copy machine lease

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8529

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

707.64

COPY MACHINE LEASE

**SUBTOTAL** of Disbursements This Page (optional) .....

3522.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> 00720.E8547 <b>Date of Disbursement</b>																				
Mailing Address Ogden Utah	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
City Ogden State UT Zip Code 00000-	Amount of Each Disbursement this Period																				
Purpose of Disbursement 1120 POL	<table border="1"> <tr> <td colspan="10">3345.00</td> </tr> </table>	3345.00																			
3345.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
1120 POL	1120 POL																				
<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> 00719.E8530 <b>Date of Disbursement</b>																				
Mailing Address Ogden Utah	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	1	0												
City Ogden State UT Zip Code 00000-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes	<table border="1"> <tr> <td colspan="10">58.15</td> </tr> </table>	58.15																			
58.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAXES	PAYROLL TAXES																				
<b>C.</b> Full Name (Last, First, Middle Initial) Hilltop Natl Bank - Tax	<b>Transaction ID:</b> 00719.E8502 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2680	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
City Casper State WY Zip Code 82602-2680	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes - Non FEA	<table border="1"> <tr> <td colspan="10">1398.52</td> </tr> </table>	1398.52																			
1398.52																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAXES - NON FEA	PAYROLL TAXES - NON FEA																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4801.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Hilltop Natl Bank - Tax	<b>Transaction ID:</b> 00719.E8505 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2680	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Casper State WY Zip Code 82602-2680	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll taxes - Non FEA Candidate Name	<table border="1"> <tr> <td colspan="10">1398.54</td> </tr> </table>	1398.54																			
1398.54																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL TAXES - NON FEA																					
<b>B.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc.	<b>Transaction ID:</b> 00719.E8496 <b>Date of Disbursement</b>																				
Mailing Address 12450 Automobile Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City Clearwater State FL Zip Code 33762-4427	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct mail fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">306.00</td> </tr> </table>	306.00																			
306.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
DIRECT MAIL FUNDRAISING																					
<b>C.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc.	<b>Transaction ID:</b> 00719.E8515 <b>Date of Disbursement</b>																				
Mailing Address 12450 Automobile Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
City Clearwater State FL Zip Code 33762-4427	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct mail fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">2154.68</td> </tr> </table>	2154.68																			
2154.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
DIRECT MAIL FUNDRAISING																					

SUBTOTAL of Disbursements This Page (optional) .....

3859.22

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Hilltop National Bank Credit Card

Mailing Address PO Box 17709

City State Zip Code  
Denver CO 80217-0709

Purpose of Disbursement  
Credit card payment see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00720.E8545

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

231.19

CREDIT CARD PAYMENT SEE  
BELOW

**B.** Full Name (Last, First, Middle Initial)  
Holiday Inn Sheridan

Mailing Address 1809 Sugarland Dr

City State Zip Code  
Sheridan WY 82801-5724

Purpose of Disbursement  
Hotel for in state travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00720.E8546

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

231.19

[MEMO ITEM]  
MEMO: HOTEL FOR IN STATE  
TRAVEL

**C.** Full Name (Last, First, Middle Initial)  
Interyx

Mailing Address 600 E 1st St  
Suite 800

City State Zip Code  
Casper WY 82601-2657

Purpose of Disbursement  
Computer support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00719.E8520

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

135.00

COMPUTER SUPPORT

**SUBTOTAL** of Disbursements This Page (optional) .....

366.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 9622

City  
Mission Hills

State  
CA

Zip Code  
91346-9622

Purpose of Disbursement  
Cell phone expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8493

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

188.96

CELL PHONE EXPENSE

**B.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 9622

City  
Mission Hills

State  
CA

Zip Code  
91346-9622

Purpose of Disbursement  
Cell phone expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8494

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

149.26

CELL PHONE EXPENSE

**C.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 9622

City  
Mission Hills

State  
CA

Zip Code  
91346-9622

Purpose of Disbursement  
Cell phone expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8495

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

159.47

CELL PHONE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

497.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622	<b>Transaction ID:</b> 00719.E8512 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	6		1	6		2	0	1	0																						
City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cell phone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">139.67</td> </tr> </table> <b>CELL PHONE EXPENSE</b>	139.67																													
139.67																															
<b>B.</b> Full Name (Last, First, Middle Initial) McCauley & Associates, P.C. Mailing Address P.O. Box 27762 City Salt Lake City State UT Zip Code 84127- Purpose of Disbursement Accounting & reporting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00719.E8522 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> <b>ACCOUNTING &amp; REPORTING SERVICES</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	6		1	6		2	0	1	0																						
250.00																															
<b>C.</b> Full Name (Last, First, Middle Initial) Killmer & Associates Mailing Address 302 South David Street, Suite 100 City Casper State WY Zip Code 82601- Purpose of Disbursement Payroll services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00719.E8521 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table> <b>PAYROLL SERVICES</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1	0	125.00									
M	M	/	D	D	/	Y	Y	Y	Y																						
0	6		1	6		2	0	1	0																						
125.00																															

**SUBTOTAL** of Disbursements This Page (optional) .....

514.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

KC Properties, LLC

Mailing Address P.O. Box 1595

City  
Casper

State  
WY

Zip Code  
82602-

Purpose of Disbursement

Rent for office

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 00719.E8527

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

RENT FOR OFFICE

**B.**

Full Name (Last, First, Middle Initial)

Indoff Incorporated

Mailing Address 11816 Lackand Avenue

City  
Saint Louis

State  
MO

Zip Code  
63146-

Purpose of Disbursement

Office supplies - paper ink etc.

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 00719.E8526

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

82.13

OFFICE SUPPLIES - PAPER  
INK ETC.

**C.**

Full Name (Last, First, Middle Initial)

Leader Technologies Inc.

Mailing Address 921 Eastwind Dr Ste 118

City  
Westerville

State  
OH

Zip Code  
43081-3363

Purpose of Disbursement

Conference calls

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 00719.E8518

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

179.05

CONFERENCE CALLS

**SUBTOTAL** of Disbursements This Page (optional) .....

1261.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Aristotle

Mailing Address Attn: Accounts Receivable  
205 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8497

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

4320.00

SOFTWARE

**B.**

Full Name (Last, First, Middle Initial)

Erin Begeman

Mailing Address 2120 Capitol Ave Ste 2015

City Cheyenne State WY Zip Code 82001-3631

Purpose of Disbursement  
Consulting-state convention coordin

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8531

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

1487.00

CONSULTING-STATE CONVENTI-  
ON COORDIN

**C.**

Full Name (Last, First, Middle Initial)

Mauri Larson

Mailing Address 4232 Shetland Rd.

City Casper State WY Zip Code 82601-

Purpose of Disbursement  
Employee salary - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8506

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

956.05

EMPLOYEE SALARY - NON FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

6763.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Mauri Larson

Mailing Address 4232 Shetland Rd.

City  
Casper

State  
WY

Zip Code  
82601-

Purpose of Disbursement  
Employee salary - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8507

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

956.05

EMPLOYEE SALARY - NON FEA

B.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
Employee salary - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8508

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

1160.82

EMPLOYEE SALARY - NON FEA

C.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
MEMO ENTRIES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8537

Date of Disbursement

06 / 16 / 2010

Amount of Each Disbursement this Period

52.49

MEMO ENTRIES: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

2169.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 1405 Dewar Dr

City  
Rock Springs

State  
WY

Zip Code  
82901-5812

Purpose of Disbursement  
Software for office use

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8538

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.49

**[MEMO ITEM]**

MEMO: SOFTWARE FOR OFFICE  
USE

**B.**

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
Mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8541

Date of Disbursement

/   /

Amount of Each Disbursement this Period

236.50

MILEAGE REIMBURSEMENT

**C.**

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
Employee salary - Non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1160.81

EMPLOYEE SALARY - NON FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

1397.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Ryan Taylor

Mailing Address 933 Odell Place

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
Mileage reimbursement for in state  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8536

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

508.47

**MILEAGE REIMBURSEMENT FOR  
IN STATE**

**B.**

Full Name (Last, First, Middle Initial)

Ryan Taylor

Mailing Address 933 Odell Place

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
Employee salary - Non FEA  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8510

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

2006.75

**EMPLOYEE SALARY - NON FEA**

**C.**

Full Name (Last, First, Middle Initial)

Ryan Taylor

Mailing Address 933 Odell Place

City  
Casper

State  
WY

Zip Code  
82609-

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00719.E8542

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

282.68

**MILEAGE REIMBURSEMENT**

**SUBTOTAL** of Disbursements This Page (optional) .....

2797.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Ryan Taylor	<b>Transaction ID:</b> 00719.E8511 <b>Date of Disbursement</b>																				
Mailing Address 933 Odell Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Casper State WY Zip Code 82609-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee salary - Non FEA	<table border="1"> <tr> <td colspan="10">2006.75</td> </tr> </table>	2006.75																			
2006.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
EMPLOYEE SALARY - NON FEA																					
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Vaughan	<b>Transaction ID:</b> 00719.E8532 <b>Date of Disbursement</b>																				
Mailing Address PO Box 9405	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City Jackson State WY Zip Code 83002-9405	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEMO ENTRIES: SEE BELOW	<table border="1"> <tr> <td colspan="10">1762.08</td> </tr> </table>	1762.08																			
1762.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MEMO ENTRIES: SEE BELOW																					
<b>C.</b> Full Name (Last, First, Middle Initial) Gaylord National Hotel	<b>Transaction ID:</b> 00719.E8534 <b>Date of Disbursement</b>																				
Mailing Address 201 Waterfront St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City Oxon Hill State MD Zip Code 20745-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel for RNC meeting	<table border="1"> <tr> <td colspan="10">834.18</td> </tr> </table>	834.18																			
834.18																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b> MEMO: HOTEL FOR RNC MEETING																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3768.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> 00719.E8535 <b>Date of Disbursement</b>																				
Mailing Address 2 N La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
City Chicago State IL Zip Code 60602-3702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airline travel to RNC meeting Candidate Name	<table border="1"> <tr> <td colspan="10">817.90</td> </tr> </table>	817.90																			
817.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: AIRLINE TRAVEL TO RNC MEETING																				
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Vaughan	<b>Transaction ID:</b> 00719.E8539 <b>Date of Disbursement</b>																				
Mailing Address PO Box 9405	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Jackson State WY Zip Code 83002-9405	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MEMO ENTRIES: SEE BELOW Candidate Name	<table border="1"> <tr> <td colspan="10">840.80</td> </tr> </table>	840.80																			
840.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEMO ENTRIES: SEE BELOW																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> 00719.E8540 <b>Date of Disbursement</b>																				
Mailing Address 2 N La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Chicago State IL Zip Code 60602-3702	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airline travel to RNC meeting Candidate Name	<table border="1"> <tr> <td colspan="10">840.80</td> </tr> </table>	840.80																			
840.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: AIRLINE TRAVEL TO RNC MEETING																				

**SUBTOTAL** of Disbursements This Page (optional) .....

840.80

**TOTAL** This Period (last page this line number only) .....

34435.42

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Non-Federal Account

Mailing Address State Operating Account  
152 North Durbin St. Suite 210

City State Zip Code  
Casper WY 82601-

Purpose of Disbursement  
EXCESS CONTRIBUTIONS FROM STATE CAN

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00719.E8543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**1000.00**

**TOTAL** This Period (last page this line number only) .....

**1000.00**

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
Wyoming Republican Party, Inc.

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- X   Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐